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Department of Correction — Intradepartmental Memorandum

Date : October 2, 1979

To : Donald B. Lemire, Director, Conditions of Confinement Division

From : John Rakis, Staff Analyst

Subject : SUICIDE AIDE PROGRAM

I. INTRODUCTION

At your request, I have conducted an on-going evaluation of the Department's efforts in the area of suicide prevention. These areas have included the psychological evaluation of inmates, officer training in suicide awareness, and the Suicide Aide Program. On the basis of my observations as a staff analyst and my experience as a mental health worker, I believe that the Department can create conditions of confinement which minimize the possibility of a successful suicide.

On June 20, I submitted a report which evaluated the procedures used to identify newly admitted inmates who are potentially suicidal (See attached report). That report surfaced several problems in the identification of potentially suicidal inmates. With the exception of the Queens House of Detention for Men, newly admitted inmates are not routinely given psychological evaluations. Although questions that assess an inmates potential to commit suicide are part of the medical intake record, there is evidence that the screening is performed in a perfunctory manner and, as a consequence, is of questionable value. The problems surfaced in that report remain unresolved.

In addition to the inadequacies of psychological evaluations given to newly admitted inmates, there are numerous problems associated with the Department's current suicide aide program and officer training in suicide awareness. Training in suicide awareness for newly recruited officers is limited to one (1) training session that is approximately two (2) hours in length. There is no follow-up training in suicide awareness at the institu-

I. INTRODUCTION (cont'd)

tional level that would reinforce or supplement the initial training.

The combination of a limited training program for officers and an inadequate system for detecting suicidal impulses in newly admitted inmates increases our dependance on the Suicide Aide Program. The effectiveness of this program, however, is hampered by numerous deficiencies. On June 20, I submitted a report entitled, Suicide Prevention Aides: An Evaluation of the Program's Effectiveness. This report outlined the deficiencies in the Suicide Aide Program. There are no Departmental Directives which provide the institutions with guidelines for the Suicide Aide Program. In most institutions, suicide aides are not properly screened for the position and not provided with a formal training program.

The remainder of this report will focus upon the Suicide Aide Program. Section II will outline a revised format for the Suicide Aide Program. This format should eliminate deficiencies in the program that were noted in the evaluation conducted by our Division. In Section III of this report, I will outline my attempts to implement that format at the House of Detention for Men (H.D.M.) as a pilot project.

II. FORMAT FOR SUICIDE AIDE PROGRAM

The following format was the result of our evaluation of the Department's Suicide Aide Program. It provides a general framework within which each and every institution can design and implement its own procedures.

A. Screening of Suicide Aides

1. All inmates shall be screened for those qualities that would make them good aides. These qualities include, but are not limited to, motivation, alertness, and conscientiousness.

2. Suicide aides shall not receive medication that would interfere with their effectiveness. The medical staff shall, therefore, clear all potential suicide aides. After selection as a suicide aide, the inmates' medical folder shall be marked to indicate his status. If a suicide aide is prescribed medication that would impair his effectiveness, the medical staff shall notify the program office.

3. In order to prevent a rapid turnover of suicide aides, an attempt shall be made to choose inmates that expect to be incarcerated for a good length of time.

4. A Suicide Aide Selection Committee shall approve the hiring of all suicide aides. The Committee shall consist of one (1) member from the mental health staff, one (1) member from the institution's security office, and one (1) member from the institution's program office.

B. Training

1. An on-going training program shall be mandatory for all suicide aides.

2. The training program shall include, but not be limited, to the following topics:

    a. Rules for suicide aides
    b. What to look and listen for
    c. How to approach a patient who is detoxing from drugs.
    d. How to approach a depressed patient
    e. How to approach a paranoid patient
    f. Man hanging - what to do
    g. First Aid

B. Training (cont'd)

3. Staff, as well as inmates shall participate in the training program.

4. Certificates shall be given upon completion of a certain amount of course hours.

C. Working Conditions

1. Suicide aides shall receive the highest pay scale for inmate help.

2. Suicide aides shall receive coffee and sandwiches during the night shift.

3. Suicide aides shall be provided with a uniform that distinguishes them from other inmates.

D. Log Sheets

1. Log sheets for suicide aides shall be maintained in all housing areas. Entries on these log sheets should be limited to simple observations.

E. Monthly Utilization Report

1. A monthly utilization report shall be submitted by the person designated to oversee the Institution's program to the Warden. A copy of this report shall be submitted to the General Counsel and Conditions of Confinement Division.

F. Staff

1. In addition to participation in the training program for suicide aides, officers shall be given periodic refresher courses in suicide awareness.

III. IMPLEMENTATION OF SUICIDE AIDE PROGRAM AT H.D.M.

During the past month, I have attempted to expedite the formation of a Suicide Aide Training Program at the House of Detention for Men (H.D.M.). The successful establishment of this program hinges upon the cooperative efforts of our Department and the Department of Health. It is essential that Prison Health Services provide trainers with relevant experience and that our Department provide the support services.

Arno Safier, Senior Psychologist at H.D.M., was reluctant to participate in the program unless certain problems were overcome (See attached correspondence between Deputy Warden Johnson and Psychologist Safier). These problems included unavailability of the majority of aides when classes were being conducted, aides being chosen by officers with no relevance to their "aide" abilities, and dismissal of trained aides within days of the class.

Since the relationship between Deputy Warden Johnson and Psychologist Safier was strained, I acted as an intermediary between the two parties. Solutions to the initial problems cited by Dr. Safier were, I believe, resolved to a satisfactory extent. These solutions are outlined in the proposal submitted to Warden West on September 3, 1979 (See attached proposal). It was recommended that any suicide aide be removed for failure to attend a class. This policy should eliminate the problem of "unavailability". It was further recommended that representatives from the mental health staff screen potential mental health aides. This policy should eliminate the problems of aides being chosen without consideration for their "aide" ability. In addition, a more rigorous screening procedure should significantly decrease the number of suicide aides that are dismissed or discharged soon after being hired.

III. IMPLEMENTATION OF SUICIDE AIDE PROGRAM AT H.D.M. (cont'd)

As I attempted to resolve the difficulties outlined above, Dr. Safier posed additional problems. One such problem was his request for steady officers on the mental observation area. It was, therefore, recommended that steady officers be assigned to the mental observation area on a rotating pass day and rotating tour basis.

Although most, if not all, of the problems cited by Dr. Safier have been resolved, a suicide aide training program remains to be implemented at HDM. It is Dr. Safier's contention that the staff is too overburdened with clinical evaluations to provide training for suicide aides. This final obstacle is one that I cannot handle at the institutional level.

Two options are open to the Department. The problem can be brought to the attention of Dr. Safier's supervisors and he could be ordered to provide the training. I believe that this option is not workable. Dr. Safier's reluctance to participate in the program leads me to believe that he would not be an effective trainer.

A second and more viable option to this obstacle is the appointment of one or two mental health workers who would travel to each institution and conduct training sessions. This plan has several advantages over each mental health unit providing trainers. First, it would give all suicide aides a uniform training program. Second, the trainers would not have their work impeded by the additional responsibility of performing clinical evaluations. Conversely, those people performing clinical evaluations would not be burdened with the additional responsibility of training suicide aides. Third, the Department would have, at any given time, information regarding the suicide aide program by contacting the assigned person.

If a minimum of two (2) hours of training are given at each of the eight (8) major institutions, a person working a thirty-five (35) hour week could easily reach each institution. This would include travel time and additional time for organizing course work. The latter is extremely important. Without a well thought-out curriculum, the training would be of little benefit.

On September 18, 1979, I discussed this option with Alan Goldberg, Director of Prison Health Services. He said that personnel shortages prevented him from appointing a mental health worker to the position of a suicide aide trainer. Mr. Goldberg further stated that his office was attempting to obtain additional personnel through Herbert Sturz. It is, however, highly unlikely that personnel would be available in the near future.

On September 28, I reviewed the Suicide Aide Program format with Warden West. Warden West felt that the format, with the exception of a few points, was acceptable. Some objection was raised to the proposed method of hiring suicide aides. Warden West felt that the Security Office should establish a pool of candidates. The program office and mental health would, thereafter, screen from the pool of candidates.

Another objection was raised to the point that suicide aides be provided with uniforms. The uniforms, it is believed, might give inmates the ability to leave the cell blocks under the guise of a civilian worker. Warden West was not unalterably opposed to suicide aides wearing jackets of a color that could not be mistaken for civilian garb.

The Warden believes that log sheets might pose a "union problem" because officers have, in the past, objected to inmates possessing log books. He felt,

however, that a simple checklist of readily observable symptoms would be acceptable.

None of the objections offered by Warden West present serious obstacles to the implementation of the proposed format at H.D.M. At this time, implementation of the format is prevented by the absence of personnel who are capable of training suicide aides and willing to perform that function.

RECOMMENDATIONS

It is recommended that one (1) or two (2) mental health workers be given responsibility for training suicide aides on a continuous basis at all facilities. In light of Prison Health Service's inability to provide this personnel, the Department must consider using or hiring its own personnel for this task. It would, I believe, be impractical to depend on the acquisition of additional personnel by Prison Health Services. The increased cost borne by our Department in operating this program would be more than offset by the benefits of improved training and the greater degree of control that the Department would have over the aides.

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